



**STATE OF MISSOURI**

DIVISION OF PROFESSIONAL REGISTRATION

**INSTRUCTIONS FOR PREPARING APPLICATION FOR LICENSURE  
AS AN ARCHITECT BY COMITY WITH NCARB CERTIFICATE**

MISSOURI BOARD FOR ARCHITECTS,  
PROFESSIONAL ENGINEERS,  
PROFESSIONAL LAND SURVEYORS AND  
PROFESSIONAL LANDSCAPE ARCHITECTS  
3605 MISSOURI BLVD., P.O. BOX 184  
JEFFERSON CITY, MISSOURI 65109/65102  
TELEPHONE: 573/751-0047  
FAX: 573/751-8046

If you were initially licensed in another state and are applying for licensure in Missouri by comity, per Board Rule 20 CSR 2030-4.060 your application must be accompanied by a NCARB Certificate.

Applicants must complete the **MISSOURI APPLICATION FORM**. **No other form of application will be accepted.**

The application must be typewritten.

We do not accept applications by fax or e-mail. Applications must reflect the applicant's original signature and be notarized.

Application filing fees are non-refundable.

The application form must be fully completed (Pages 1, 2 and 3) signed and notarized. Do not write in "Refer to NCARB record." Incomplete applications will not be processed.

Missouri does not offer temporary licensure.

Foreign graduates will be required to also submit the following:

- Favorable EESA Evaluation (this is typically included in the NCARB record);
- Certified copy of original transcript of grades;
- Certified copy of diploma evidencing award of architectural degree;
- If transcript and diploma are not in English, an original official translation of same prepared by U.S. unbiased translation services will be necessary.

It is the applicant's responsibility to contact NCARB to request that their file be transmitted to the Missouri Board. NCARB records are retained for a period of one year from the date of receipt.

It is the applicant's responsibility to keep a copy of the application for their files.

An application pending review will be retained for a period of one year from the date it was originally filed.

Upon receipt of a complete application and NCARB file, it may take 30-60 days for review of the application. Processing time varies and a specific licensure date cannot be projected.

If licensure is granted, the initial license will be valid until December 31 of the current year. Refer to Board Rules 20 CSR 2030-11.010 and 20 CSR 2030-11.025 regarding the renewal of a license.

## **SOCIAL SECURITY NUMBER DISCLOSURE NOTICE**

**You must provide your social security number pursuant to state and federal law.**

**If you fail or refuse to provide your social security number, we will consider your initial application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application.**

Pursuant to state and federal law, licensing authorities must assemble your social security number with other relevant information (name, address, etc.) and transmit the data to the Division of Child Support Enforcement of the Department of Social Services to be used in a database for the following purposes:

- (1) locating individuals who are under an obligation to pay child support or provide child custody or visitation rights, against whom such an obligation is sought or to whom such an obligation is owed;
- (2) identifying whether an individual who owes overdue child support or who has failed to comply with a subpoena relating to paternity or child support proceedings holds or has applied for a professional or occupational license (under certain circumstances, a person who owes overdue child support or fails to comply with a subpoena relating to the above-stated proceedings may be subject to an order of a court, after notice and opportunity for hearing in that court, suspending, withholding or restricting the person's license).

In addition to these uses, the licensing authorities will continue their practice of using social security numbers for the following purposes:

- (1) for internal identification purposes;
- (2) to conduct criminal record checks (discovery of relevant criminal history may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (3) to verify information provided by you in your application (discovery of false information in your application may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (4) to verify licensure with another state's licensing authority for reciprocity licensure;
- (5) for identification purposes in national disciplinary databases (the discovery of a disciplined license in another state may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (6) for test identification purposes.

## **NOTICE TO ALL APPLICANTS**

Notice to all applicants who are employees or officers or directors of a professional corporation, general business corporation or a limited liability company having the practice of architecture and/or engineering and/or land surveying and/or landscape architecture as one of its purposes:

Section 327.401 of the Missouri Registration Law requires such corporations and/or limited liability companies to obtain a certificate of authority in each profession from this Board. If your corporation or limited liability company does not have a certificate of authority, an application may be obtained by accessing the Board's website: <http://pr.mo.gov/apelsla>.

**STATE OF MISSOURI**

DIVISION OF PROFESSIONAL REGISTRATION

**APPLICATION FOR LICENSURE AS AN ARCHITECT BY  
COMITY WITH NCARB RECORD AND CERTIFICATE**

A-

ALL INFORMATION IN THIS APPLICATION MUST BE TYPEWRITTEN

FIRST NAME	MIDDLE	LAST NAME	SUFFIX
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*If you have had a legal name change, please attach a notarized document attesting to this fact.*

PREFERRED NAME FOR LICENSURE DOCUMENTS

**BUSINESS ADDRESS: AS LISTED WITH THE U.S. POST OFFICE**

FIRM NAME:

STREET:

SUITE NUMBER:

CITY:

STATE:

ZIP:

BUSINESS TELEPHONE NUMBER:

**RESIDENCE ADDRESS: AS LISTED WITH THE U.S. POST OFFICE**

STREET:

APT./SUITE NUMBER

CITY:

STATE:

ZIP:

RESIDENCE TELEPHONE NUMBER:

ADDRESS FOR CORRESPONDENCE: ☐ Residence ☐ Business

E-MAIL ADDRESS:

SOCIAL SECURITY NUMBER:

NCARB FILE NO.:

NCARB CERTIFICATE NO.:

BIRTHDATE:

BIRTH PLACE (CITY &amp; STATE):

CITIZENSHIP:

**EDUCATION**

COLLEGES OR UNIVERSITIES

DATES OF ATTENDANCE  
(FROM-TO)DEGREE  
RECEIVEDDATE  
AWARDED

Return this application and \$200 filing fee to:  
Missouri Board for Architects  
3605 Missouri Boulevard, Post Office Box 184  
Jefferson City, MO 65109/65102

**FOR BOARD USE ONLY**

CHECK DATE

CHECK NUMBER

AMOUNT

# MISSOURI

NAME:

## PRACTICAL EXPERIENCE WITHIN THE PAST FIVE (5) YEARS

FULL NAME, SUPERVISOR'S NAME AND COMPLETE, CURRENT ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	DATES OF EMPLOYMENT  GIVE MONTH AND YEAR	TOTAL TIME EMPLOYED	CHECK APPROPRIATE EXPERIENCES					Other – explain**
		FULL TIME	General practice of architecture	Teaching and research	Public Service	Construction Administration		
	From	Yrs.						
	To	Mos.						
	From	Yrs.						
	To	Mos.						
	From	Yrs.						
	To	Mos.						
	From	Yrs.						
	To	Mos.						

## LICENSURE

STATE OF ORIGINAL LICENSURE: ☐ By Written Examination ☐ By Exemption

LICENSE NO.: \_\_\_\_\_ LICENSURE DATE: \_\_\_\_\_ EXPIRATION DATE (MM/DD/YY): \_\_\_\_\_

IF LICENSE IS NOT NOW IN FORCE, WHY?

OTHER LICENSES NOW IN FORCE: STATE	LICENSE NO.	DATE ACQUIRED (mm/dd/yr)	EXPIRATION DATE (mm/dd/yr)

# MISSOURI

NAME

## RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON APPLICANT

	YES	NO
Have you been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of this or any other state or of the United States whether or not sentence was imposed including suspended imposition of sentence, suspended execution of sentence and misdemeanor charges? If "YES", please attach a copy of the charges, findings, and order to this application.	<input type="checkbox"/>	<input type="checkbox"/>
In any other licensing jurisdiction, have you been the subject of disciplinary action, or entered into any type of settlement agreement, providing for any limitation on your ability to practice, or monetary penalty or payment of costs? If "YES", please attach a copy of the charges, findings, and order to this application.	<input type="checkbox"/>	<input type="checkbox"/>

Pursuant to Section 324.010 RSMo:

☐ CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

*False statements are subject to criminal penalties and/or license discipline.*

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200  
or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).

## AFFIDAVIT AND NOTARIZATION

I agree that I will not perform architectural services in this jurisdiction until this application is approved and an architectural license has been granted by the Missouri Board. The undersigned, being duly sworn upon his/her oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect. I acknowledge that making a false statement in this application may subject me to disciplinary action including, but not limited to, immediate revocation or suspension of my license.

SIGNATURE OF APPLICANT

STATE OF:  
COUNTY OF:

I, \_\_\_\_\_,  
A Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY  
that

Name of Applicant

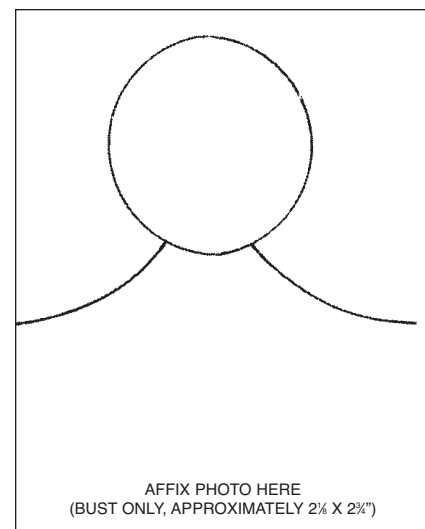
personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he/she signed, sealed and delivered the said instrument as his/her free and voluntary act, for the uses and purposes therein set forth.

GIVEN UNDER MY HAND AND NOTARIAL SEAL THIS DAY  
OF 20

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES:

NOTARIAL SEAL



## APPLICATION FOR ARCHITECT LICENSURE BY COMITY WITH NCARB CERTIFICATE